

## FIA Forms for the Release of Identifying Information

### APPENDIX

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**PARENT'S CONSENT/DENIAL  
TO RELEASE INFORMATION TO ADULT ADOPTEE**

Michigan Family Independence Agency  
CENTRAL ADOPTION REGISTRY

- A new statement may be sent to the Central Adoption Registry any time to withdraw a previous consent or to withdraw a previous denial. Release of identifying information will be based on the most recent statement on file in the Central Adoption Registry.
- A parent giving consent should send to the Central Adoption Registry a new statement if either his/her name or address changes.
- A separate form must be filled out for each child for whom you are giving consent/denial.
- Send the original copy to the Central Adoption Registry, address below:  
MICHIGAN FAMILY INDEPENDENCE AGENCY  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the <input type="checkbox"/> <b>father</b> <input type="checkbox"/> <b>mother</b> of the child described below.
I hereby <input type="checkbox"/> <b>give consent</b> <input type="checkbox"/> <b>do not give consent*</b> to the release of my name and address to this child when he/she is 18 years of age or older.  (*If the denial box is checked, the parent may provide an explanation as to why he/she <b>does not</b> wish to release name and address). Reason:

**CHILD INFORMATION:**

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

**PARENT INFORMATION:**

Current Name (Last, First, Middle)			My Birth Date (Mo., Day, Yr.)
Mother's Name When Parental Rights were Released or Terminated (Last, First, Middle)			
Current Address (Street Number and Name)			Apartment or Lot Number
City	State	Zip Code	Telephone Number (       )
Parent's Signature			Date

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.	AUTHORITY: MCLA 710.68. COMPLETION: Voluntary. PENALTY: None
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DISTRIBUTION: ORIGINAL - Michigan Family Independence Agency  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Keep for your records.

Birth Date

Adoptee's Birth Name (Last, First, Middle)

# ADULT FORMER SIBLING STATEMENT TO RELEASE INFORMATION TO ADULT ADOPTEE

Michigan Family Independence Agency  
CENTRAL ADOPTION REGISTRY

- A new statement may be sent to the Central Adoption Registry any time to withdraw a previous consent or to withdraw a previous denial. Release of identifying information will be based on the most recent statement on file in the Central Adoption Registry.
- A sibling giving consent should send to the Central Adoption Registry a new statement if either his/her name or address changes.
- A separate form must be filled out for each sibling for whom you are giving consent/denial.
- Keep the yellow copy for your records.
- Send the White copy to the Central Adoption Registry address below:

MICHIGAN FAMILY INDEPENDENCE AGENCY  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the biological ☐ **brother** ☐ **sister** of the child described below.

I hereby ☐ **give consent** ☐ **do not give consent** to the release of my name and address to this child when he/she is 18 years of age or older.

## CHILD INFORMATION:

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

## COMMON BIRTH PARENT INFORMATION (If known):

Current Name of Birth Mother (Last, First, Middle)	Birth Date (Month/Day/Year)
Name When Parental Rights Were Released or Terminated (Last, First, Middle)	
Name of Birth Father (Last, First, Middle)	Birth Date (Month/Day/Year)

## SIBLING INFORMATION:

My Current Name (Last, First, Middle)	Birth Date (Month/Day/Year)	Phone No. (      )	
Name at Time Parental Rights Were Released or Terminated, if Different (Last, First, Middle)			
Current Address (Street Number and Name)	City	State	Zip Code
Brother/Sister Signature			Date Signed

AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)  
COMPLETION: Voluntary.  
PENALTY: None

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DISTRIBUTION: ORIGINAL - Michigan  
Family Independence Agency  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Sibling's File Copy

FOR OFFICE USE ONLY

Birth Date (Month/Day/Year)

Adoptee's Birth Name (Last, First, Middle)

# RELEASE OF INFORMATION TO ADULT ADOPTEE BY BROTHER/SISTER AS PROXY FOR DECEASED PARENT

Michigan Family Independence Agency  
CENTRAL ADOPTION REGISTRY

## INSTRUCTIONS:

- A separate statement must be completed for each child/adoptee.
- This form MUST be accompanied by a copy of the death certificate of the deceased parent.
- Send a new statement to the Central Adoption Registry if your name or address changes.

- The address of the Central Adoption Registry is:  
MICHIGAN FAMILY INDEPENDENCE AGENCY  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the biological ☐ brother ☐ sister of the child described below. Our biological parent is deceased and the death certificate is enclosed. In accordance with Michigan Compiled Laws Annotated 710.27, I hereby give consent to the release of our deceased parent's name to this child when he/she is 18 years of age or older.

## INFORMATION ABOUT THE CHILD:

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

## INFORMATION ABOUT DECEASED BIOLOGICAL PARENT:

Deceased Parent's Name When Parental Rights Were Released or Terminated (Last, First, Middle)
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## INFORMATION ON BIOLOGICAL BROTHER/SISTER WHO IS CONSENTING TO RELEASE OF INFORMATION:

My Current Name (Last, First, Middle)		My Birth Date (Mo., Day, Yr.)	
My Name at Time Parental Rights Were Terminated, If Different (Last, First, Middle)			
Address (Street Number and Name)		Apartment or Lot Number	
City	State	Zip Code	Telephone Number (      )
Brother/Sister Signature			Date

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AUTHORITY: MCLA 710.68.  
COMPLETION: Voluntary.  
PENALTY: None

DISTRIBUTION: ORIGINAL - Michigan Family Independence Agency  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Keep for your records.

For Office Use Only  
Adoptee's Birth Name (Last, First, Middle)  
Birth Date

# REQUEST BY ADULT ADOPTEE FOR IDENTIFYING INFORMATION

State of Michigan  
Family Independence Agency

I hereby request, from my adoption records, my name before placement in adoption, the names of my biological parents, including their current names, if available, most recent address or addresses of biological parents, and names of biological siblings at the time of termination.

## CURRENT INFORMATION

Current Name (Last, First, Middle)	Birth Date
	Month Day Year
Current Address (Street Number and Name)	Apartment Number
City State Zip Code	Telephone Number
	A/C ( )

## ADOPTION INFORMATION

Adoptive Name (Last, First, Middle)	Name Before Adoption (If Known)
Adoptive Mother's Name	Adoptive Father's Name
Birth Mother's Name	Birth Father's Name
Name of Probate Court	Name of Placing Agency

☐ Also, please send me non-identifying information from my file.

Additional Comments

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DISTRIBUTION: Original - Adoption Agency or Court that  
Finalized the Adoption  
Copy - Keep for Your Records

Adult Adoptee's Signature Date

AUTHORITY: MCLA 710.68.  
COMPLETION: Voluntary.  
PENALTY: None.

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